

Volunteer Information

Thank you for your interest in becoming a volunteer at Good Samaritan Regional Medical Center. Enclosed please find an informational brochure, application form, criminal records check consent/authorization, a summary of your rights under the Fair Credit Reporting Act, reference forms, and a return envelope.

Process for becoming a Good Samaritan Regional Medical Center Volunteer:

1. Fill out and mail in the enclosed application materials. The reference forms must be completed by individuals outside your family (friends, teachers/professors, work associates).

Applications will be considered complete only when all forms are received by the Volunteer Services Department. This includes the application form, two references and the criminal records check consent/authorization form.

2. Volunteers are placed based on skills and available positions.

At the interview you will receive volunteer information, and review service descriptions and schedules. We will review your skills and interests. When a volunteer assignment has been determined, you will receive a packet of information which will include required training and medical forms.

3. You will be scheduled to attend a **mandatory** general and volunteer orientation sessions, where you will receive important required information. **These sessions are always held on a Tuesday from 8:00 am to 3:00 pm.**
4. You will have a two step tuberculin test and complete a Volunteer Medical Information form with Employee Health.
5. You will have your picture taken for an identification badge.
6. You will be trained for your area of service.

Other requirements:

- Volunteers must be at least 15 years of age to participate.
- Volunteers must make a minimum commitment of six months.
- Typically individuals volunteer once per week for 2 to 4 hours.

Thank you for your interest in Good Samaritan Regional Medical Center!

For questions or additional information please contact the Volunteer Services Department at 541-768-5083 or by e-mail GSRMCVolunteerServices@samhealth.org.



VOLUNTEER APPLICATION
GOOD SAMARITAN REGIONAL MEDICAL CENTER
Volunteer Services Department
3600 NW Samaritan Drive, P.O. Box 1068
Corvallis, Oregon 97339 (541) 768-5083

FOR OFFICE USE ONLY
 Date rec'd _____
 Contact _____

 Interviewed _____

INSTRUCTIONS: Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. Please type or print clearly all information. We appreciate your interest in volunteering here and we are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in an available opening for which you are best suited.

Samaritan Health Services does not discriminate in volunteer practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, genetic information or association with anyone of a particular race, color sex, national origin, marital status, or religion.

Personal Data

Name

_____ Last _____ First _____ Middle _____

Mailing Address

_____ Street _____ City _____ State _____ Zip _____ () _____ () _____
 Home Phone Number Work Number
 _____ () _____
 Cell Phone Number E-mail Address

Education

High School

_____ Name _____ Location _____ Diploma Received? _____

College or Schools after high school (including military service)

_____ Name _____ Location _____ Academic Major or Trade _____ Degree Received? _____

_____ Name _____ Location _____ Academic Major or Trade _____ Degree Received? _____

Work Experience

Name of employer, address, phone #	Dates employed From: _____ To: _____	Job title and description of duties:
Name of employer, address, phone #	Dates employed From: _____ To: _____	Job title and description of duties:

Volunteer Experience

Name of volunteer organization, address, phone #	Dates of service: From: _____ To: _____	Type of service:
Name of volunteer organization, address, phone #	Dates of service: From: _____ To: _____	Type of service:

Did you work for any of the above organizations under a different name? _____ If yes, please give the name under which you worked for each organization: _____

Have you ever been employed by Samaritan Health Services? _____ If yes, provide the name of the facility where you worked and employment dates: _____

Have you been convicted of a criminal offense within the past five years (do not include minor traffic violations)? Yes _____ No _____. (A yes answer to this question will not necessarily bar the applicant from volunteering.) If yes, explain fully _____

Skills

PLEASE CHECK TRAINING AND/OR EXPERIENCE:

_____ Word Processing _____ Computers _____ Bookkeeping _____ Accounting _____ Sewing

Describe other specialized job skills or abilities which will assist in evaluating your qualifications

Volunteer Work Desired

If known, please list type of volunteer position desired:

Days Preferred

Time Preferred

		Morning	Afternoon	Evening
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Special Interests

Names and phone numbers of references submitted with this application:

1.) _____ 2.) _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

Name

Family Doctor

Relationship to Applicant

Business Address

Address

City State Zip

City State Zip

Business Phone

Home Phone Business Phone

Volunteer Commitment

Upon acceptance to the volunteer program, I will accept responsibility to be punctual and dependable. I will perform my assignments, refrain from doing what I have not been trained to do, and abide by hospital ethics and policies.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION SET FORTH BY MY SIGNATURE IN THIS APPLICATION TO VOLUNTEER IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR REFUSAL TO ACCEPT AS A VOLUNTEER OR TERMINATION OF VOLUNTEER STATUS.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, REQUIRED HEALTH TESTING, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE SAMARITAN HEALTH SERVICES AND ITS PERSONNEL TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/VOLUNTEER RECORD AS INDICATED ON THIS VOLUNTEER APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH EMPLOYMENT /VOLUNTEER RELATED INFORMATION.

Signature of Applicant

Date

Consent (for junior volunteers only)

My daughter/son _____ has my consent to serve as a volunteer at Good Samaritan Regional Medical Center/Samaritan Health Services, Corvallis, Oregon, meeting all the above stated requirements.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

**GOOD SAMARITAN REGIONAL MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT
3600 NW Samaritan Drive, Corvallis, OR 97330**

REFERENCE FORM

Name of Applicant

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this completed reference form with their application. Please complete the areas which you feel comfortable commenting upon. Thank you for your assistance.

How long have you known the applicant?

From _____ to _____

In what capacity or job?

Please complete the following:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Work habits	_____	_____	_____
2. Responsibility	_____	_____	_____
3. Interaction	_____	_____	_____
4. Leadership	_____	_____	_____
5. Dependability	_____	_____	_____
6. Other: _____ _____	_____	_____	_____

Please share any additional information that will support your evaluation of the applicant:
(Use reverse side or additional paper if needed.)

Signature

Date

Printed Name

Phone #: _____

Address: _____

**GOOD SAMARITAN REGIONAL MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT
3600 NW Samaritan Drive, Corvallis, OR 97330**

REFERENCE FORM

Name of Applicant

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this completed reference form with their application. Please complete the areas which you feel comfortable commenting upon. Thank you for your assistance.

How long have you known the applicant?

From _____ to _____

In what capacity or job?

Please complete the following:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Work habits	_____	_____	_____
2. Responsibility	_____	_____	_____
3. Interaction	_____	_____	_____
4. Leadership	_____	_____	_____
5. Dependability	_____	_____	_____
6. Other: _____ _____	_____	_____	_____

Please share any additional information that will support your evaluation of the applicant:
(Use reverse side or additional paper if needed.)

Signature

Date

Printed Name

Phone #: _____

Address: _____

Social Security Number

--	--	--	--	--	--	--	--	--	--

Date of Birth - used for identification purposes only

--	--	--	--	--	--	--	--	--	--

MONTH

DATE

YEAR

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		Phone Number

Current Residential Address		
City	State	Zip Code

Have you ever been convicted of a Felony or Misdemeanor?

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
--------------------------------	-----------------------

FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Samaritan Health Services Inc ("the Company") may obtain information about you for volunteer purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPT-OUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For more information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizational operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>